## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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## **FILED** DOCUMENT # 591178 Jan 19, 2007 08:00 AM 1. Entity Namo **Secretary of State** LEE CRANE INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 4020 NEWBERRY RD. 4020 NEWBERRY RD. **GAINESVILLE FL 32607** GAINESVILLE FL 32607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1855644 Not Applicable Zip 7<sub>10</sub> Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRANE, LEE W 12901 NW 56 AVENUE Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32653** City Zip Code 8. The above named entity submits this ourpose of changing its rogistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen-SIGNATURE \_ Signature, typed or pri (NOTE, Registered Agent signature required when reinstiting) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE Delete HILF Change ☐ Addition CRANE, LEE W NAME NAME 4020 NEWBERRY ROAD SUITE 400 U00000593270 STREET ADDRESS STREET ADDRESS 01/22/07-80025-004 150.00 GAINESVILLE FL 32607 CITY ST 7IP CITY SEZIP IIIII ☐ Dolete HILLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY SI-7P mu Defete IIILL ☐ Change ☐ Addition NAME NAME SHIET LADORESS STREET ADDRESS CITY ST ZIP CITY ST ZIP THE HILE ☐ Defete Clange Addition NAM NAM STREET APPRESS STREET ADDRESS CITY ST-ZIP CITY SI 78P **EEE**118 ☐ Delete TITE: Change ☐ Addition NAME NAMI STREET ADDRESS STREET LADDRESS CITY ST ZIP CITY SEZIP ELTEE Delete THE Addition Change NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY - ST-ZIP not cylality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 12. I hereby certify that the information supplied with this fill indicated on this report or supplemental report of the corporation or the receiver or truster if changed, or on an attachment with an add d that my signature shall have the same legal effect as if made under eath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNING OFFICER OR DIRECTOR